| Operator Project # Postmark # | Date | Received | Notification | n # | |
|---|--------------------------|---|------------------------------|--------------------|----------------------------|
| I. TYPE OF NOTIFICATION (O- Original R-Revised C | C-Cancelled): | Origin | al | | F. F. |
| II. FACILITY INFORMATION (Identity Owner, remove | al contractor, and other | r operator) | | | |
| OWNER NAME : Con Edison Co. of | NY, Inc. | | | | |
| address: 4 Irving Place | | | | i i | |
| City: New York | | State: NY | Zip: | 10003-3502 | British Co. |
| Contact: William Morrison | | | Tel: | 212 /46 011 | 32 |
| REMOVAL CONTRACTOR: C K B Enviro | onmental Inc. | | • | Y | |
| Address: 1728 Putnam Avenue | | | | | Y |
| City Ridgewood | | State: NY | Zip: | 11385 | 12.7 |
| Contact: Kwapisiewicz, Chris | | | Tel: | 718 388 8070 |) 12 |
| OTHER OPERATOR: | | | | | |
| address: | | | | - | * |
| City: | | State: | Zip: | | 7 F |
| Contact: | | | Tel: | | - E* |
| III. TYPE OF OPERATION (D-Demo O-Ordered Demo | R-Renovation E-Em | ner. Renovation): | | R | |
| IV. IS ASBESTOS PRESENT? (Yes/No) | Y | | | | |
| V. FACILITY DESCRIPTION (Including building name | e, number and floor or | rom number) | | | |
| Bldg Name: W 59th Street Generating Station | | *************************************** | | | |
| Address: 850 12 Avenue | | | | | |
| City New York | State: NY C | ounty: New Yo | rk | -12 - 16-71 | |
| Site Location: 90 Blevstan PL | 3 Aren ou | (kead) | 41 11 | Se mandalds | 784 D |
| Building Size: 162,896 # | of Floors: 7 | | Age in | Years: 112 | TO A |
| Present Use: Generating Station | | Prior Use: | Generating Station | election and apply | 17 ₃₀ 963 |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOOF ASBESTOS MATERIAL : Assumed | OD, IF APPROPRIAT | E, USED TO DETI | ECT THE PRESEN | CE | son of |
| VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed | RACM To Be | | bestos Material e Removed | | ate Unit of ement Below |
| 3. Category II ACM Not Removed | Removed | Cat I | Cat II | U | NIT |
| Pipes | 300 | 0 | 0 | LnFt: 🔽 | Ln m: |
| Surface Area | 0 | 0 | 0 | SqFt: 🗸 | Sq m: |
| Vol RACM off Facility Component | 0 | 0 | 0 | CuFt: | Cu m: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM | //DD/YY) Start: | 11. | /07/2016 | Complete: | 10/26/2017 |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/ | DD/YY) Start: | | | Complete: | |

ENV. PROT. AGENCY

| X. | | | | | | | | |
|------|---|--|---|--|--|--|--|--|
| | | atement prior to removal of retired pipe | 100000000000000000000000000000000000000 | 2016 OCT 25 AM 10: 10 | | | | |
| XI. | ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: AIR COMPLIANCE BR | | | | | | | |
| VII | | NSPORTER #1 | | Willaum | | | | |
| AII. | Name : | Asbestos Transp.Company,Inc | | 7.00 | | | | |
| | address: | 2 Moriches Middle Island Road | | and the second s | | | | |
| | City: | Shirley | State: NY | Zip: 11967 | | | | |
| | Contact: | Smith, Ken | | Tel: 631 924 5050 | | | | |
| | WASTE TRA | ANSPORTER #2 | | | | | | |
| | Name: | | | | | | | |
| | address: | | | | | | | |
| | City: | | State: | Zip: | | | | |
| | Contact: | | | Tel: | | | | |
| XIII | . WASTE DIS | POSAL SITE | | | | | | |
| | Name : | Minerva Landfill | | | | | | |
| | address: | 9000 Minerva Road | | | | | | |
| | City: | Waynesburg | State: OH | Zip: 44688 | | | | |
| | Tel: | 330 866 3435 | | | | | | |
| XIV | . IF DEMOLI | TION ORDERED BY A GOVERNMENT AGENCY, PLEASE | E IDENTIFY THE A | GENCY BELOW: | | | | |
| | Name : | | *** | Title: | | | | |
| | Authority: | | | | | | | |
| | Date of Orc | der(MM/DD/YY) : | Date Ordered t | to Begin (MM/DD/YY): | | | | |
| XV | FOR EMER | GENCY RENOVATIONS | | | | | | |
| | Date and H | our of Emergency (MM/DD/YY) : | | | | | | |
| | Description | of the Sudden, Unexpected Events : | | | | | | |
| | Explanation | n of how the event caused unsafe conditions or would cause equ | ipment damage or an | n unreasonable financial burden: | | | | |
| XV | PREVIOUS | ION OF PROCEDURES TO BE FOLLOWED IN THE EVENT LLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRU s, assess situation and clean up complying with all applica | MBLED, PULVERI | IZED, OR REDUCED TO POWDER. | | | | |
| XVI | XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) | | | | | | | |
| | | | Signature of | Owner/Operator) (Date) | | | | |
| XV | II. I CERTIFY | THAT THE ABOVE INFORMATION IS CORRECT. | - 11- | | | | | |
| | | | Signature of O | Owner/Operator) (Date) | | | | |
| | | | | | | | | |

| Operator Project # Postmark | t# Da | te Received | Notificatio | n# | 2 10/6 | | | |
|---|--|--------------------|--------------------------------|--------------------|----------------------------|--|--|--|
| I. TYPE OF NOTIFICATION (O- Original R-Revise | ed C-Cancelled): | Origin | ıal | - 1; 1 | 20 | | | |
| FACILITY INFORMATION (Identity Owner, removal contractor, and other operator) | | | | | | | | |
| OWNER NAME : Con Edison Co | o. of NY, Inc. | | | | - A b | | | |
| address: 4 Irving Place | | | | | | | | |
| City: New York | | State: NY | Zip: | Zip: 10003-3502 | | | | |
| Contact: William Morrison | | | Tel: | 212 /46 011 | 32 | | | |
| REMOVAL CONTRACTOR: C K B En | ivironmental Inc. | | | 212/10 011 | 32 | | | |
| Address: 1728 Putnam Avenue | | , | | Tr. T | 4 | | | |
| City Ridgewood | | State: NY | Zip: | 11385 | | | | |
| Contact: Kwapisiewicz, Chris | | | Tel: | 718 388 807 |) | | | |
| OTHER OPERATOR: | | | | | | | | |
| address: | | | | | | | | |
| City: | | State: | Zip: | | | | | |
| Contact: | | | Tel: | | | | | |
| III. TYPE OF OPERATION (D-Demo O-Ordered D | emo R-Renovation E-E | mer. Renovation): | | R | - 1 - | | | |
| IV. IS ASBESTOS PRESENT? (Yes / No) | Y | | | | | | | |
| V. FACILITY DESCRIPTION (Including building r | FACILITY DESCRIPTION (Including building name, number and floor or rom number) | | | | | | | |
| Bldg Name: W 59th Street Generating Statio | Bldg Name: W 59th Street Generating Station | | | | | | | |
| Address: 850 12 Avenue | Address: 850 12 Avenue | | | | | | | |
| City New York | State: NY | County: New Y | ork | and the | - 47 | | | |
| Site Location: | | | 7-7 | | Triple of | | | |
| Building Size: 162,896 | # of Floors: | 7 | Age i | n Years: 112 | page 1 | | | |
| Present Use: Generating Station | 1 | Prior Use: | Generating Station | The Police Reserve | unii | | | |
| VI. PROCEDURE, INCLUDING ANALYTICAL ME OF ASBESTOS MATERIAL : Sampling | THOD, IF APPROPRIA | TE, USED TO DET | TECT THE PRESEN | JCE _ | er p 8 | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed | RACM | | sbestos Material Be Removed | | ate Unit of ement Below | | | |
| Category I ACM Not Removed Category II ACM Not Removed | To Be Removed | Cat I | Cat II | U | NIT | | | |
| Pipes | 0 | 0 | 0 | LnFt: | Ln m: | | | |
| Surface Area | 3,600 | 0 | 0 | SqFt: 🗸 | Sq m: | | | |
| Vol RACM off Facility Component | 0 | 0 | 0 | CuFt: | Cu m: | | | |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (| MM/DD/YY) Start: | 1 | 1/07/2016 | Complete: | 10/26/2017 | | | |
| IX. SCHEDULED DATES DEMO/RENOVATION (N | MM/DD/YY) Start: | | | Complete: | | | | |

| 1 | FRUI. AGENCY |
|-----|--------------|
| 7.7 | REGION II |

| X. | DESCRIPTI Roofing ma | ON OF PLANNED DEMOLITION OR RENOVATION WORE terial abatement prior to roof repair | K, AND METHOD(S | 10 TOBE USED: 2016 OCT 25 AM 10: 10 | | | | | | |
|------|--|---|-------------------------------------|---|--|--|--|--|--|--|
| XI. | DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Follow NYCDEP Title 15 Chapter 1 subsection 1-107 | | | | | | | | | |
| | Follow NYCDEP Title 15 Chapter 1 subsection 1-107 | | | | | | | | | |
| | WASTE TRA | ANSPORTER #1 | | / | | | | | | |
| | Name : | Asbestos Transp.Company,Inc | | | | | | | | |
| | address: | 2 Moriches Middle Island Road | T = | | | | | | | |
| | City: | Shirley | State: NY | Zip: 11967 | | | | | | |
| | Contact: | Smith, Ken | | Tel: 631 924 5050 | | | | | | |
| | WASTE TRA | ANSPORTER #2 | | | | | | | | |
| | Name : | | | | | | | | | |
| | address: | | | | | | | | | |
| | City: | | State: | Zip: | | | | | | |
| | Contact: | | | Tel: | | | | | | |
| XIII | . WASTE DIS | POSAL SITE | | | | | | | | |
| | Name : | Minerva Landfill | | | | | | | | |
| | address: | 9000 Minerva Road | | | | | | | | |
| | City: | Waynesburg | State: OH | Zip: 44688 | | | | | | |
| | Tel: | 330 866 3435 | | | | | | | | |
| XIV | . IF DEMOLI | TION ORDERED BY A GOVERNMENT AGENCY, PLEASI | E IDENTIFY THE AC | GENCY BELOW: | | | | | | |
| | Name : | | | Title: | | | | | | |
| | Authority: | | | | | | | | | |
| | Date of Ord | ler(MM/DD/YY) : | Date Ordered to | Begin (MM/DD/YY): | | | | | | |
| XV | FOR EMER | GENCY RENOVATIONS | | | | | | | | |
| | Date and H | our of Emergency (MM/DD/YY) : | | | | | | | | |
| | Description | of the Sudden, Unexpected Events : | | | | | | | | |
| | Explanation | n of how the event caused unsafe conditions or would cause equ | nipment damage or an | unreasonable financial burden: | | | | | | |
| XV | I. DESCRIPT PREVIOUS | ION OF PROCEDURES TO BE FOLLOWED IN THE EVEN LY NONFRIABLE ASBESTOS MATERIAL BECOMES CRU | T THAT UNEXPECT UMBLED, PULVERIZ | ED ASBESTOS IS FOUND OR ZED, OR REDUCED TO POWDER. | | | | | | |
| | Stop work | t, assess situation and clean up complying with all applica- | able regulations | | | | | | | |
| XVI | SUBPART I TRAINING | THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OM) WILL BE ON-SITE DURING THE DEMOLITION OR REHAS BEEN ACCOMPLISHED BY THIS PERSON WILL BEHOURS. (Required 1 year after promulgation) | NOVATION AND EV | VIDENCE THAT THE REQUIRED | | | | | | |
| | | | 2/00 | 19/am 10/21/2016 | | | | | | |
| | | | Signature of C | Owner/Operator) (Date) | | | | | | |
| XV | II. I CERTIFY | THAT THE ABOVE INFORMATION IS CORRECT. | Signature of Ov | Moner/Operator) // Date | | | | | | |

| Operator Pro | | ostmark # | Date | Received | Notif | ication# | la salis la constanta | Solid Class | |
|---------------------|--|-------------------------------------|------------|-------------------------|--------------------------------|-----------------|--------------------------|------------------------|--|
| . TYPE OF | NOTIFICATION (O- Original | R-Revised C-Cancelled) | (1757 m) | Orig | ginal | | | Fig. 91 | |
| I. FACILITY | FACILITY INFORMATION (Identity Owner, removal contractor, and other operator) | | | | | | | | |
| OWNER | OWNER NAME: Con Edison Co. of NY, Inc. | | | | | | | | |
| address: | address: 4 Irving Place | | | | | | | | |
| City: | New York | State: NY | | | | | 0003-3502 | regular | |
| Contact: | | | | | | | | | |
| REMOVA | L CONTRACTOR: | elta Environmental, In | c. | | | A e | 1 | | |
| Address: | Address: 71 Green Street | | | | | | | | |
| City | Brooklyn | | | State: | NY | Zip: | 11222 | | |
| Contact: | Contact: Garbacz, Henryk Tel: 718 302 4605 | | | | | | | | |
| OTHER (| OTHER OPERATOR: | | | | | | | | |
| address: | | | | | | | | | |
| City: | A strategy | 11 11 11 11 11 11 | | State: | | Zip: | C 1997 | 1 428/101 | |
| Contact: | the second | | | | | Tel: | | 11 787 | |
| II. TYPE OF | OPERATION (D-Demo O-C | ordered Demo R-Renovat | ion E-En | ner. Renovation |): | - I | ₹ | =Dalie | |
| V. IS ASBES | TOS PRESENT? (Yes / No) | Y | | | | 10.00 | | | |
| 7. FACILITY | FACILITY DESCRIPTION (Including building name, number and floor or rom number) | | | | | | | | |
| Bldg Nam | Bldg Name: Bridgewater 266th St | | | | | | | | |
| Address: | Address: Bridgewater Ave b/t 261& 266 St | | | | | | | | |
| City | Glenn Oaks | Glenn Oaks State: NY County: Queens | | | | | | 1.660 | |
| Site Locat | ion: Bridgewater Ave | | | | | | DOM: NO | 2.07. 2 | |
| Building S | Size: 0 | # of Floors: | 0 | | 1, 2 = 1, = 1 | Age in Years: 0 | | | |
| Present U | se: Excavation | 1 | | Prior Use: | Gas Main | - 100-23 | | C-60% | |
| OF ASBES Assumed | RE, INCLUDING ANALYTI TOS MATERIAL : | CAL METHOD, IF APPR | ROPRIAT | E, USED TO D | ETECT THE PR | RESENCE | | n. 4-9 1 1/965 1979 | |
| ASBESTOS | MATE AMOUNT OF S, INCLUDING: ed ACM to be removed | RAG | СМ | | Asbestos Mater o Be Removed | | | | |
| | y I ACM Not Removed y II ACM Not Removed | To Rem | Be oved | Cat I | Cat I | | U | NIT | |
| Pipes | Pipes | | 00 | 0 | 0 | LnF | | Ln m: | |
| Surface A | rea | | 0 | 0 | 0 | SqF | - | Sq m: | |
| Vol RACN | 1 off Facility Component | | 0 | 0 | 0 | Cul | - | Cu m: | |
| VIII. SCHEDUI | LED DATES ASBESTOS REM | MOVAL (MM/DD/YY) St | art: | | 11/04/2016 | | Complete: | 10/26/2017 | |
| X. SCHEDU | LED DATES DEMO/RENOV | ATION (MM/DD/YY) Sta | art: | - 112 ⁴ 11 H | 11/04/2016 | 1 mAL 18 | Complete: | 10/26/2017 | |

ERV. PROT. AGENCY REGION II

| X. | DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TOBE USED: Must relocate infrastructure 2016 OCT 25 AM 10: 09 | | | | | | | |
|--------|---|---|----------------------------|------------------------------|--|--|--|--|
| XI. | DESCRIPT ASBESTOS | TION OF WORK PRACTICES AND ENGINEERING CONTR S AT THE DEMOLITION AND RENOVATION SITE: | | AIR COMPLIANCE BR. | | | | |
| 3711 | | ds and engineering controls and NYC and DEP approved varian | nces | Willam | | | | |
| XII. | Name : | ANSPORTER #1 Asbestos Transp.Company,Inc | | | | | | |
| | N. 10000100011 121 | 2 Moriches Middle Island Road | | | | | | |
| | address: | | State: NY | Zip: 11967 | | | | |
| | City: | Shirley Smith, Ken | State. 141 | Tel: 631 924 5050 | | | | |
| | | RANSPORTER #2 | | 10. 0317213030 | | | | |
| | | Consolidated Edison Co. of NY, I | | | | | | |
| | Name : | | | | | | | |
| | address: | 31-01 20th Avenue | Company NIV | | | | | |
| | City: | Astoria | State: NY | Zip: | | | | |
| | Contact: | | | Tel: 718 204 4053 | | | | |
| XIII | . WASTE DI | SPOSAL SITE | 2 Nd Land Fill: | Triumvivate Environment | | | | |
| | Name: | 110 Sand Company | | 42-14 9 Ave, Asteria, NY | | | | |
| | address: | 170 Cabot Street | | 718-204-4053 | | | | |
| WEST . | City: | West Babylon | State: NY | Zip: 11704 | | | | |
| | Tel: | 631 249 4108 | | | | | | |
| XIV | . IF DEMOL | ITION ORDERED BY A GOVERNMENT AGENCY, PLEAS | SE IDENTIFY THE AGENC | Y BELOW: | | | | |
| | Name: | | Ti | itle: | | | | |
| | Authority: | | | | | | | |
| | Date of Or | rder(MM/DD/YY) : | Date Ordered to Begi | in (MM/DD/YY): | | | | |
| XV. | FOR EMEI | RGENCY RENOVATIONS | | L. | | | | |
| | Date and H | Hour of Emergency (MM/DD/YY): | | 1-1-6 | | | | |
| | Descriptio | on of the Sudden, Unexpected Events : | | P 12 | | | | |
| | Explanation | on of how the event caused unsafe conditions or would cause eq | uipment damage or an unrea | sonable financial burden: | | | | |
| XVI | PREVIOUS | TION OF PROCEDURES TO BE FOLLOWED IN THE EVEN SLY NONFRIABLE ASBESTOS MATERIAL BECOMES CR k, secure area/site, utilize | | | | | | |
| | | od and engineering controls. | | | | | | |
| XVI | SUBPART TRAINING | (THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS M) WILL BE ON-SITE DURING THE DEMOLITION OR RIGHAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE HOURS. (Required 1 year after promulgation) | ENOVATION AND EVIDEN | NCE THAT THE REQUIRED | | | | |
| | | | Signature of Owner. | /Operator) /Operator) (Date) | | | | |
| XVI | I. I CERTIFY | Y THAT THE ABOVE INFORMATION IS CORRECT. | Signature of Owner/C | Physical John John Date) | | | | |

| Operator Project # | 2.100 | tmark # | Date | e Received | Notif | ication # | i i maji / s | 1.2. | |
|-------------------------------------|---|---|-------------------|-------------------|------------------------------|----------------|----------------------------------|--|--|
| - 11 H Hill - Co 3 - 1 | ICATION (O- Original R | -Revised C-Cancelle | d): | Original | | | | | |
| | FACILITY INFORMATION (Identity Owner, removal contractor, and other operator) | | | | | | | | |
| OWNER NAME | | son Co. of NY, Inc. | | | | | | | |
| address: | 4 Irving Place | | | | | | | | |
| City: | New York | State: NY | | | | | | POLITICAL TO A STATE OF THE PARTY OF THE PAR | |
| Contact: | William Morrison | | | State. N | 1 | | 0003 - 3502 12 /46 011 | | |
| REMOVAL COI | | ta Environmental, | Inc | | | iei. Z | 12/46 01 | 132 | |
| Address: | 71 Green Street | u za nomionui, | | | | | | York | |
| City | Brooklyn | | | State: N | Y | Zip: 1 | 1222 | 7-0-7 | |
| Contact: | Garbacz, Henryk | | | | | 1200117 | 18 302 460 | 5 | |
| OTHER OPERA | TOR: | | | | | | | -1-7 | |
| address: | | | | | | | | n 61 | |
| City: | 2 - 1 - 1 | | | State: | | Zip: | | Lighter of | |
| Contact: | X 15 4 X | | | | | Tel: | | | |
| | ATION (D-Demo O-Orde | ered Demo R-Renov | ation E-Er | ner Renovation): | | R | | - 54. | |
| | | | | | | K | | | |
| IS ASBESTOS PRESENT? (Yes/No) Y | | | | | | | | | |
| FACILITY DESC | FACILITY DESCRIPTION (Including building name, number and floor or rom number) | | | | | | | | |
| Bldg Name: 216th St Bayside QED1002 | | | | | | | | | |
| Address: | 216th Street b/t 42 Ave & | 43 Ave | | | | | | -10-1 | |
| City | Bayside | State: | State: NY County: | | | 2 11.4 | Z. Check of Others | | |
| Site Location: | 216th Street | | | | - | | mater. | SERVICE AN | |
| Building Size: | | # of Floors: | | | 71 L L 1 | Age in Years: | 0 | | |
| Present Use: | Excavation | | | Prior Use: | Gas Main | rige in Tears. | 17 H a 20 | and a | |
| PROCEDURE, IN OF ASBESTOS M | ICLUDING ANALYTICA | AL METHOD, IF AP | PROPRIAT | | | RESENCE | - V-3 | Tend | |
| ASBESTOS, INCI 1. Regulated ACI | APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | | RACM To Be | | Asbestos Mater Be Removed | rial | | ate Unit of ement Below | |
| | | | moved | Cat I | Cat I | I | U | NIT | |
| Pipes | 1 4 | HIT I | 1,000 | 0 | 0 | LnFt | : 🗸 | Ln m: | |
| Surface Area | | | 0 | 0 | 0 | SqFt | | Sq m: | |
| Vol RACM off F | acility Component | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0 | 0 | 0 | CuFt | | Cu m: | |
| II. SCHEDULED D | ATES ASBESTOS REMO | VAL (MM/DD/YY) | | | | | | | |
| . SCHEDULED D | ATES DEMO/RENOVAT | ION (MM/DD/VV) | Start: | | 11/01/2016 | - | Complete: | 10/26/2017 | |

| | | NOTIFICATION OF DEMOLITIC | ON AND RENOV | ATION | MI. FRUI | AGENCY | |
|------|--|--|-----------------------------|--------------------------------|--|-------------|--|
| Χ. | DESCRIPT | TION OF PLANNED DEMOLITION OR RENOVATION WORK, | AND METHOD(S | S) TOBE USED: | 1,5 311 | SW II | |
| | Must reloc | eate infrastructure | | 2 | 016 OCT 25 | AM 10: 09 | |
| XI. | DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: | | | | | | |
| | | od and engineering controls and DEP approved variance | | | Willa | IN. | |
| XII. | WASTE TR | RANSPORTER #1 | | | 70000 | | |
| | Name : | Asbestos Transp.Company,Inc | | | - | | |
| | address: | 2 Moriches Middle Island Road | | | The same and the s | | |
| | City: | Shirley | State: NY | Zip: | 11967 | | |
| | Contact: | Smith, Ken | | Tel: | 631 924 5050 | | |
| | WASTE TH | RANSPORTER #2 | | | | | |
| | Name: | Consolidated Edison Co. of NY, I | | | | | |
| | address: | 31-01 20th Avenue | | | | | |
| | City: | Astoria | State: NY | Zip: | | | |
| | Contact: | | | Tel: | 718 204 4053 | | |
| XIII | . WASTE D | ISPOSAL SITE 2 W | Lastill. | Trunura | te Enumme | 12/ | |
| | Name : | 110 Sand Company | | 42-14 | 9 Ave | Astonia, NY | |
| | address: | 170 Cabot Street | | 718.2 | 04-405 | 3 | |
| | City: | West Babylon | State: NY | Zip: | 11704 | | |
| | Tel: | 631 249 4108 | | | | | |
| XIV | . IF DEMOI | LITION ORDERED BY A GOVERNMENT AGENCY, PLEASE I | DENTIFY THE A | GENCY BELOW | : | | |
| | Name : | | | Title: | | No. | |
| | Authority | | | | | | |
| - | | order(MM/DD/YY) : | Date Ordered | to Begin (MM/DD | D/YY): | | |
| XV. | | RGENCY RENOVATIONS | | | | | |
| | Date and | Hour of Emergency (MM/DD/YY): | | 46. | | | |
| | | on of the Sudden, Unexpected Events : | | | | | |
| | Explanati | on of how the event caused unsafe conditions or would cause equip | ment damage or a | n unreasonable fin | ancial burden: | | |
| XV | I. DESCRIP PREVIOU | TION OF PROCEDURES TO BE FOLLOWED IN THE EVENT T JSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUM | THAT UNEXPECTIBLED, PULVERI | TED ASBESTOS IZED, OR REDUC | IS FOUND OR CED TO POWDER | ₹. | |
| | Stop wor | rk, secure area/site, utilize wet method and engineering conti | rols. | | | | |
| XVI | SUBPART TRAININ | Y THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF I'M) WILL BE ON-SITE DURING THE DEMOLITION OR RENG IG HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE A IS HOURS. (Required 1 year after promulgation) | OVATION AND E | VIDENCE THAT | THE REQUIRED | | |
| | | | Weller | 1 ghora | 12 | heland | |
| | | | | Owner/Operator) | 7 | (Date) | |
| - | | | 2.5 | | | , | |
| XVI | I. I CERTIF | Y THAT THE ABOVE INFORMATION IS CORRECT. | 22 | | | , , | |
| | | | Willer | 1) Hona | 10 | 121/246 | |
| | | | Signature of C | hymer/Operator) | | (Date) | |